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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014600002		CITY OR TOWN BROOKFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: CARMELLA'S, IN	NC.		
DOING BUSINESS A CARMELLA'S I	TALIAN KITCHEN		
ADDRESS 55 SOUTH MAPLE STREE	Т		
CITY/TOWN: BROOKFIELD	STATE: MA	ZIP CODE: 01506	
MANAGER: FITZPATRICK, TY MARTIN E.	PE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS	1
DESCRIPTION OF LICENSED PREMI	SES:		
TWO STORY WOOD BLDG. FIRST F	LOOR;DINING RO	OM AND LOUNGE WITH 4 EX	ITS
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the	e same premises now licensed;	
2. the licensee has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the premises are now open for	business (If not exp	lain below)	
SIGNED BY Individual, Partne	r or Authorized Corp	orate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate o of 2010.	spector and the hea	d of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY I	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014600004		CIT	Y OR TOWN	BROOKFII	ELD
APPLICATION FO	R RENEWAL:	Annua	nual LICENSED FOR 2013			
		CLASS	3			YEAR
LICENSEE NAME:	: BROOKFIELD ROD	& GUN CLI	JB INC.			
DOING BUSINESS	5 A					
ADDRESS 56 WEE	BBER RD.					
CITY/TOWN: BR	OOKFIELD	STATE:	MA 2	ZIP CODE:	01506	
	MES, TYPE ELLYN	OF LICENS	E:Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL AI	DDRESS		
	LICENSED PREMISES					
ONE FLOOR CLUI OUTDOOR PAVIL	BHOUSE,DINING ROC LLION	OM,BAR,LO	UNGE,KIT	CHEN, HEA	TING ROOM	AND
I hereby certify and	swear under penalties of	perjury that:				
1. the renev	wed license will be of the	e same type fo	or the same	premises nov	w licensed;	
2. the licens	see has complied with all	l laws of the	Commonwo	ealth relating	to taxes; and	
3. the prem	ises are now open for bu	siness (If not	explain be	low)		
SIGNED BY	T 12 1 1 D		a	D. C.C.		
	Individual, Partner or	Authorized	Corporate (Officer		
DATE						
DATE:	TELEPHONE I	NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
				(1 tote: <u>1 to 1</u> h	iaiviauai 50ciai 50	ceutity (vuiliber)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lic	ector and the	head of th	ne fire depar	tment for the	above
Please Check Below:			LC	CAL LICEN	SING AUTHO	ORITY
APPROVED:	 1		Ву	:		
DISAPPROVED:						
(If disapproved expl	am)					
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 014600005		CITY OR TOWN BROOKI	FIELD	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	AME: CENTRAL PACKA	GE STORE OF BRO	OOKFIELD, INC.		
DOING BUSIN	NESS A CENTRAL PACK	AGE STORE			
ADDRESS CE	NTRAL AND PLEASANT				
CITY/TOWN:	BROOKFIELD	STATE: MA	ZIP CODE: 01506		
MANAGER:	GIGUERE, LENNY TYPI PAUL	E OF LICENSE: Pack	cage Store CATEGORY	: All Alcohol	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMISE	ES:			
FULL BASEM BATHROOM	ENT OF BUILDING CON	SISTING OF SALES	SROOM, STORAGE ROOM	AND	
	licensee has complied with a premises are now open for b		onwealth relating to taxes; and in below)	1	
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social		
Please Check Belo	w <u>:</u>		LOCAL LICENSING AUT	HORITY	
APPROVED: DISAPPROVE	ED:		By:		
(If disapproved					
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 014600007		CITY OR TOWN BROOM	KFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
	AME: BAY PATH NESS A BAY PATI			
ADDRESS SC	OUTH MAPLE STRI	EET		
CITY/TOWN:	BROOKFIELD	STATE: MA	ZIP CODE: 01506	
MANAGER:	MCKEARNEY, PETER J	TYPE OF LICENSE: P	ackage Store CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u>.</u>
DESCRIPTIO	N OF LICENSED P	REMISES:		
		ND RIGHT WING. ONE nalties of perjury that:	E ENTRANCE IN FRONT	
	premises are now op	ed with all laws of the Corpen for business (If not expended for business) Partner or Authorized Cor		nd
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
DISAPPROVI	ED:		Бу.	
(If disapproved	d explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014600011		CITY OR TOWN B	ROOKFIELD	
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: THE ORIGINA	AL CLAM BOX,INC.			
DOING BUSINESS A THE CLAM I	BOX			
ADDRESS 53 ROUTE 9, S. MAPLE	ST.			
CITY/TOWN: BROOKFIELD	STATE: MA	ZIP CODE:	01506	
MANAGER: SAAD, DANIEL	TYPE OF LICENSE:Re	staurant CAT	EGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PRE				
1 FLOOR BLDG. 28'X32' DINING A FULL BASEMENT.	REA; 10'X14' ENTRYV	VAY; 24'X30' PREPAR	RATION AREA;	
CLL DINDMIDITI.				
I hereby certify and swear under penal	1 3 .			
1. the renewed license will be	• •	•		
2. the licensee has complied v3. the premises are now open		_	ixes; and	
3. the premises are now open	for business (if not expr	ani below)		
SIGNED BY				
	tner or Authorized Corpo	orate Officer		
DATE: TELEPH	ONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security N		lual Social Security Number)	
We the undersigned, attest that we	are in possession (1) th	e certificate required	by Chapter 304 of the	
Acts of 2004, signed by the building	_	_		
named license and (2) the certificat of 2010.	e of liquor liability insu	rance required by Ch	apter 116 of the Acts	
Please Check Below:		LOCAL LICENCIN	CAUTHODITY	
APPROVED:		LOCAL LICENSIN By:	G AUTHORITY	
DISAPPROVED:		Бу.		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 014600014		CITY OR TOWN	BROOKFI	ELD
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013)13		
		CLASS			YEAR
	JAMES T. CORREL A WHITES'LANDIN	-			
CITY/TOWN: BRO		STATE: MA	ZIP CODE:	01506	
	REIA, JAMES TYPE			ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEB LICENSED PREMISE		MAIL ADDRESS		
 the renew the licens 	swear under penalties of yed license will be of the ee has complied with a ses are now open for b	e same type for the	monwealth relating to		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are ind d by the building insp (2) the certificate of li	ector and the hea	d of the fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					